

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19754
State File No. ~~17487~~

Registration District No. 124 Primary Registration District No. 3009 Registrar's No. 210

1. PLACE OF DEATH:
(a) County. Cape Girardeau
(b) City or town. Cape Girardeau
(c) Name of hospital or institution:
520 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 75 years
(Specify whether years, months or days)
In this community. 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Cape Girardeau
(c) City or town. Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 520 Olive St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Manissa Winsett
3. (b) If veteran. name war. _____ 3. (c) Social Security No. _____

4. Sex. Female 5. Color or race. Negro
6. (b) Name of husband or wife. Wm. Winsett (deceased)
7. Birth date of deceased. August 25, 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30.
year 1941 hour 8:30 minute A.M.
21. I hereby certify that I attended the deceased from March 21 41 to May 26 41
and that I last saw her alive on May 22 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 9 Days 5
If less than one day hr. min.

Immediate cause of death Pneumonia, bronchial all lobes.
Due to Cerebral Paralysis & Paralysis
Due to _____

9. Birthplace. New Madrid County, Missouri
(City, town, or county) (State or foreign country)

Other conditions. None.
(Include pregnancy within 3 months of death)

10. Usual occupation. Housewife

Major findings: Of operations. None.
Of autopsy. None.

11. Industry or business. _____

12. Name. Edward Wilson

13. Birthplace. New Madrid County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name. Mary (Unknown)

15. Birthplace. New Madrid County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Addie Sheppard
(b) Address. 520 Olive St.

17. (a) Burial (b) Date thereof. June 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Fairmont Cemetery
18. (a) Signature of funeral director. F. S. Sparks
(b) Address. Cape Girardeau, Mo.

19. (a) 6-2-41 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify). _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature. Frank W. Hall
Address. Cape Girardeau, Mo. Date signed 6-2-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
1
4

16
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.